



2633

Please type a plus sign (+) inside this box → +

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|                                                                                            |  |                        |                      |
|--------------------------------------------------------------------------------------------|--|------------------------|----------------------|
| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> |  | Application Number     | 09/931643            |
|                                                                                            |  | Filing Date            | 8/15/2001            |
|                                                                                            |  | First Named Inventor   | Schofield            |
|                                                                                            |  | Group Art Unit         | 2633                 |
|                                                                                            |  | Examiner Name          | Not yet known        |
| Total Number of Pages in This Submission                                                   |  | Attorney Docket Number | 13071BAUS02U 120-173 |

**ENCLOSURES (check all that apply)**

|                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached                                                                     | <input type="checkbox"/> Assignment Papers<br><i>(for an Application)</i><br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group<br><i>(Appeal Notice, Brief, Reply Brief)</i><br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i><br>Return Receipt Postcard |
| <input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> RECEIVED<br>APR 17 2003<br>Technology Center 2600                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input checked="" type="checkbox"/> Information Disclosure Statement and 1449A/PTO with 2 references                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Remarks                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Please charge any deficiency or credit any overpayment to Deposit Account No. 502569.                                                                                                                                                                                                                                                                                                                                                                                             |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                         |                                                                          |
|-------------------------|--------------------------------------------------------------------------|
| Firm or Individual name | Lindsay McGuinness, Reg. No. 38,549<br>Steubing McGuinness & Manaras LLP |
| Signature               |                                                                          |
| Date                    | 4/10/2003                                                                |

**CERTIFICATE OF MAILING**I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: **4-10-03**

|                      |                   |      |         |
|----------------------|-------------------|------|---------|
| Type or printed name | Carol Ann Mahoney | Date | 4-10-03 |
| Signature            |                   |      |         |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.